

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15057</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Richard A. McCurdy SR.</u> P.O. Box, Bldg., Room No., if any Street <u>85 Highspire rd.</u> City <u>Richboro</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>18954</u>	4. Name, file number, and address of labor organization. Name <u>laborer's Local Union 57</u> Labor Organization File Number <u>008037</u> P.O. Box, Building and Room Number, if any Street <u>500-506 N. 6th Street</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19123</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Richard A. McCurdy Jr.

On 8/15/05
Date

215-364-2542
Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

14.b. Amount of payment. for basket \$165.00

Name of Person Filing <u>Richard A McCordy JR.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Nancy Goldstein, ESA</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>512 Latmer Rd.</u> City <u>Merion</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19066</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; height: 150px;"> <p style="font-size: 1.2em;">Received a unsolicited holiday Season fruit basket. \$ <u>65.00</u></p> </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment for basket <u>\$65.00</u>

Name of Person Filing <u>Richard A McCurdy SR.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Perry N Blackman, CPA.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>6913 Castor AVE.</u> City <u>Phila.</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19149</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Received a unsolicited holiday Season fruit basket \$65.00</p> </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment, For basket <u>\$65.00</u>

Name of Person Filing <u>Richard A McCurdy SR</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Joel Every, ESQ</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>suite 902</u> Street <u>1500 Walnut St</u> City <u>Phila.</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19102</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; height: 150px;"> <p style="font-size: 1.2em;">Received a unsolicited holiday dinner \$125.00</p> </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment, For Dinner <u>\$125.00</u>

Name of Person Filing

Richard A. McCurdy JR.

File Number U-

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

Received unsolicited tickets
for Phillie game.
\$90.00

13.b. Is the Business an Employer ☐or Consultant ☒

14.b. Amount of payment, For Tickets

\$90.00

Name of Person Filing <u>Richard A. McCurdy JR</u>	File Number U-
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8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>James J Anderson Const Co, INC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Suite 200</u> Street <u>6958 Torresdale Ave.</u> City <u>Phila.</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19135-1999</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p style="font-size: 1.2em;">Received a unsolicited holiday Season fruit basket \$ 75.00</p> </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment, For basket <u>\$ 75.00</u>

Name of Person Filing <u>Richard A. McCurdy JR.</u>	File Number U-
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8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Richard Kirshner, ESA</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Suite 215</u> Street <u>4910 Massachusetts Ave.</u> City <u>Washington</u> State <u>D.C.</u> ZIP Code + 4 <u>20013</u>	14.a. Nature of payment. <u>Received a unsolicited holiday</u> <u>ham. \$175.00</u>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment, For ham <u>\$175.00</u>

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Ave., N.W.
Room N-5616
Washington, D.C. 20210

August 15, 2005

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LMI-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

This filing reflects my good faith effort to comply with the LMI-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,
Richard A. McCurdy Jr.